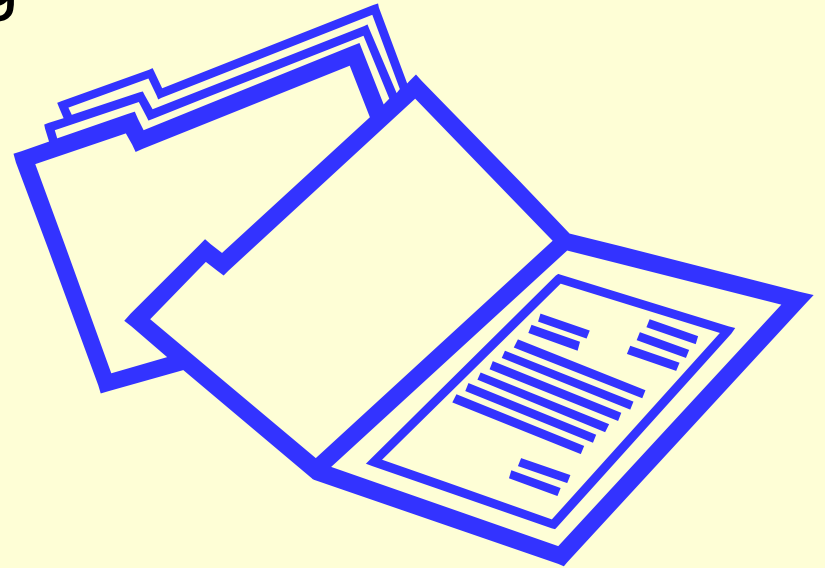


OSHA Recordkeeping

- Revised Recordkeeping rule published in the Federal Register on January 19, 2001
- Affects 1.4 million establishments
- Effective on January 1, 2002



Benefits of the Rule

- Improves employee involvement
- Creates simpler forms
- Provides clearer regulatory requirements
- Increases employers' flexibility to use computers



Forms



- Updates three recordkeeping forms
 - OSHA Form 300 – Log of Work-Related Injuries and Illnesses
 - OSHA Form 301 – Injury and Illness Incident Report
 - OSHA Form 300A – Summary of Work-Related Injuries and Illnesses

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person		Describe the case		Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:										
						Death	Days away from work	Remained at work				(M)				
								Job transfer or restriction	Other recordable cases	On job transfer or restriction	Away from work	Injury	Skin disorder	Respiratory condition	Poisoning	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
_____	_____	_____	month/day	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____ days	____ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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OSHA's Form 301

Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

- 1) Full name _____
- 2) Street _____
- City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____
- 4) Date hired ____/____/____
- 5) ☐ Male
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
- Facility _____
- Street _____
- City _____ State _____ ZIP _____
- 8) Was employee treated in an emergency room?
☐ Yes
☐ No
- 9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM ☐ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did death occur? Date of death ____/____/____

Completed by _____

Title _____

Phone (____) _____ Date ____/____/____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA Form 301

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .
(M)

- | | | | |
|----------------------------|-------|-------------------------|-------|
| (1) Injuries | _____ | (4) Poisonings | _____ |
| (2) Skin disorders | _____ | (5) All other illnesses | _____ |
| (3) Respiratory conditions | _____ | | |

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search existing data sources, gathering the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3620 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*)

Standard Industrial Classification (SIC), if known (e.g., *SIC 3715*)

Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

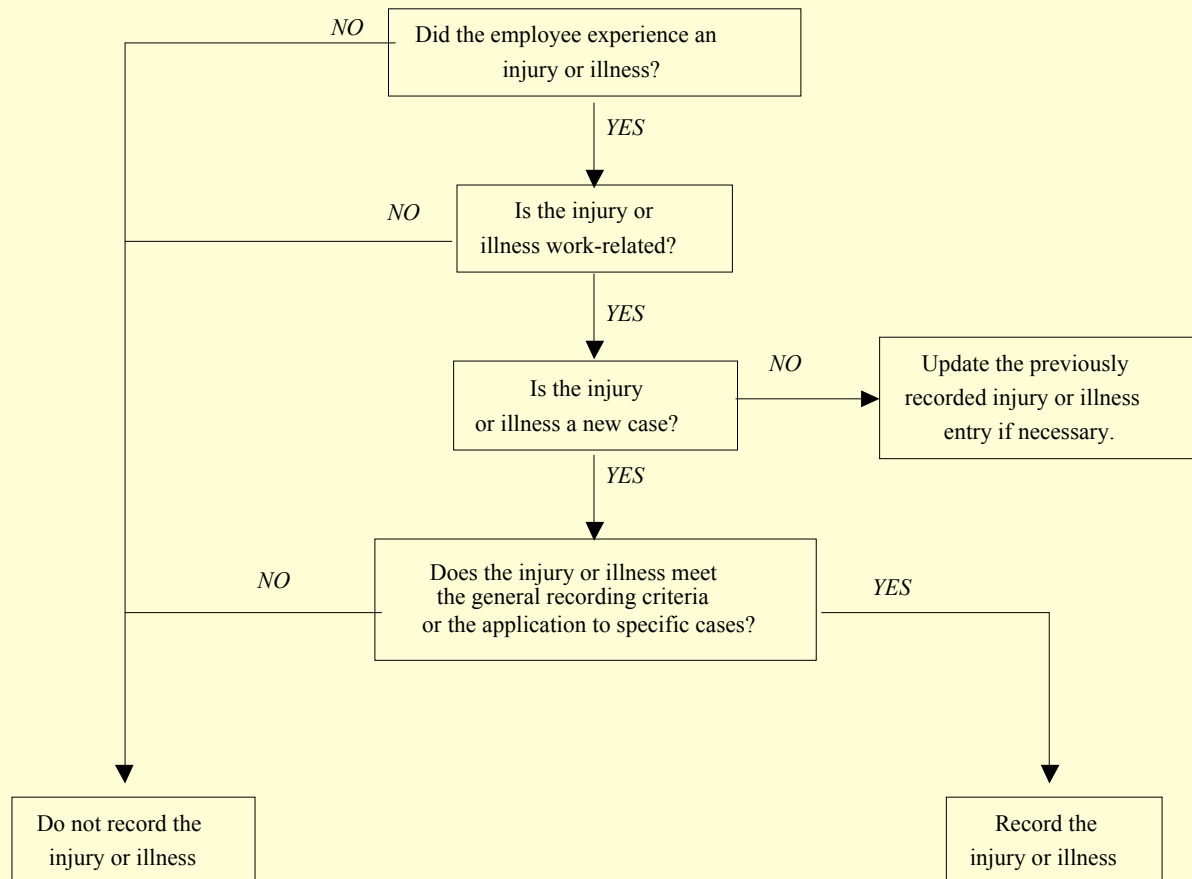
Company executive _____	Title _____
() _____	/ / _____
Phone _____	Date _____



Recording Criteria

- Eliminates different criteria for recording work-related injuries and work-related illnesses
- Former rule required employers to record all illnesses, regardless of severity

Recording Criteria Decision Tree



Work-Relatedness



- Cases are work-related if:
 - An event or exposure in the work environment either caused or contributed to the resulting condition
 - An event or exposure in the work environment *significantly* aggravated a pre-existing injury or illness

Work-Related Exceptions

- Adds additional exceptions to the definition of work relationship to limit recording of cases involving:
 - eating, drinking, or preparing food or drink for personal consumption
 - common colds and flu
 - voluntary participation in wellness or fitness programs
 - personal grooming or self-medication





General Recording Criteria

- Requires records to include any work-related injury or illness resulting in one of the following:
 - Death
 - Days away from work
 - Restricted work or transfer to another job
 - Medical treatment beyond first aid
 - Loss of consciousness
 - Diagnosis of a significant injury/illness by a physician or other licensed health care professional

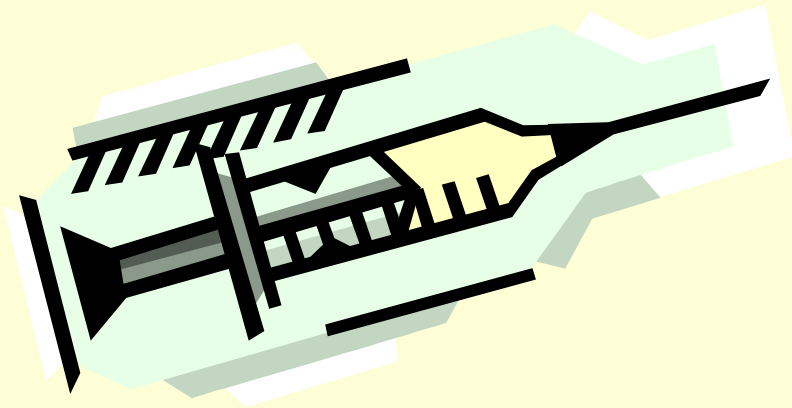


General Recording Criteria

(continued)

- Includes new definitions of medical treatment and first aid to simplify recording decisions
- Clarifies the recording of “light duty” or restricted work cases

Recording Needlesticks



- Requires employers to record all needlestick and sharps injuries involving contamination by another person's blood or other potentially infectious material

Hearing Loss



- Requires employers to record 25 dB shifts in employees' hearing during 2002
- OSHA will reconsider the hearing loss criteria for 2003 and beyond



Musculoskeletal Disorders

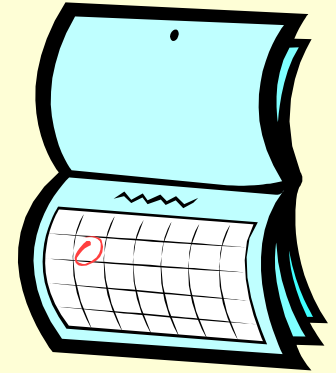
- Applies the same recording criteria to musculoskeletal disorders (MSDs) as to all other injuries and illnesses
- Employer retains flexibility to determine whether an event or exposure in the work environment caused or contributed to the MSD
- OSHA will use the one-year delay to develop definitions of ergonomic injury and MSD consistent with a comprehensive effort

Tuberculosis & Medical Removal

- Includes separate provisions describing the recording criteria for cases involving the work-related transmission of tuberculosis
- Requires employers to record cases of medical removal under OSHA standards



Day Counts



- Eliminates the term “lost workdays” and focuses on days away or days restricted or transferred
- Includes new rules for counting that rely on calendar days instead of workdays

Employee Involvement



- Requires employers to establish a procedure for employees to report injuries and illnesses and tell their employees how to report
- Employers are **prohibited** from discriminating against employees who do report
- Employee representatives will now have access to those parts of the OSHA 301 form relevant to workplace safety and health



Employee Privacy

- Prohibits employers from entering an individual's name on Form 300 for certain types of injuries/illnesses
- Provides employers the right not to describe the nature of sensitive injuries where the employee's identity would be known
- Gives employee representatives access only to the portion of Form 301 which contains no personal information
- Requires employers to remove employees' names before providing the data to persons not provided access rights under the rule

Annual Summary

- Requires the annual summary to be posted for three months instead of one
- Requires certification of the summary by a company executive

The image displays three overlapping copies of OSHA's Form 300A, titled "Summary of Work-Related Injuries and Illnesses" for Year 20. The forms are arranged diagonally from the bottom-left to the top-right. Each form includes sections for "Number of Days" (lost work days, job transfer or restriction, other restricted duty), "Number of Injuries and Illnesses" (total number of cases, new cases), and "Injury and Illness Types" (fatalities, non-fatal injuries, illnesses, etc.). The forms are partially obscured by each other, showing different parts of the document.

Reporting to OSHA

- Changes the reporting of fatalities and catastrophes to exclude some public transportation and motor vehicle accidents



For More Information

● Go to OSHA's website:

www.osha.gov



for additional information about the new recordkeeping rule.